

# THE BRYANT LAW FIRM

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## LOST WAGES STATEMENT

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

RE: EMPLOYEE NAME: \_\_\_\_\_  
EMPLOYEE SSN: \_\_\_\_\_  
EMPLOYEE DOB: \_\_\_\_\_

This office represents the above-listed individual for injuries received in an accident on or about \_\_\_\_\_. In this regard, we are in the process of gathering lost wages information our client has sustained due to the accident. Please provide this office with the following information:

NAME OF COMPANY: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

HOURLY RATE OF PAY: \_\_\_\_\_

DATES/TIMES MISSED DUE TO ACCIDENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL HOURS MISSED: \_\_\_\_\_

TOTAL WAGES LOST: \_\_\_\_\_

SIGNATURE OF OFFICIAL COMPLETING FORM: \_\_\_\_\_

PRINTED NAME OF OFFICIAL: \_\_\_\_\_

POSITION/TITLE OF OFFICIAL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE FORM COMPLETED: \_\_\_\_\_

Thank you for your cooperation and kind attention to this matter.

Very truly yours,

*Deborah E. Bryant*

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The Bryant Law Firm